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|--|------------------------|---------------------------------|--|--|
| POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM | Filing Date | May 17, 2005 | | |
| | First Named Inventor | ANDERSSON et al. | | |
| | Title | DEVICE AND ROTOR MEANS THEREFOR | | |
| | Art Unit | | | |
| | Examiner Name | | | |
| | Attorney Docket Number | 15090NP | | |

| I hereby revoke all previous powers of attorney given in the above-identified application. | | | | | | | |
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| ! hereby appoint: | | | | | | | |
| ✓ Practitioners associ | ated with the Customer Number: | 000293 | | | | | |
| OR | <u>.</u> | | | | | | |
| ✓ Practitioner(s) named below: | | | | | | | |
| | Name | Registration Number | | | | | |
| Ralph A. Dowell | | 26868 | | | | | |
| Wendy M. Slade | | 53604 | | | | | |
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| as my/our attorney(s) or a Trademark Office connec | gent(s) to prosecute the application identificed therewith. | ed above, and to transact all business in the United States Patent and | | | | | |
| Please recognize or chan | ge the correspondence address for the abo | ve-identified application to: | | | | | |
| | sociated with the above-mentioned Custom | | | | | | |
| OR OR | | | | | | | |
| | sociated with Customer Number: | 000293 | | | | | |
| OR Firm or | Delah A Devial of DOWELL & DOW | VELL P.C. | | | | | |
| | Firm or Individual Name Ralph A. Dowell of DOWELL & DOWELL, P.C. | | | | | | |
| Address | Address Suite 406, 2111 Eisenhower Avenue | | | | | | |
| City | Alexandria | State VA Zip 22314 | | | | | |
| Country | US | | | | | | |
| Telephone | 703 415 2555 Email dowell@dowellpc.com | | | | | | |
| I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) | | | | | | | |
| SIGNATURE of Applicant or Assignee of Record | | | | | | | |
| Signature | ted Anderso | Date /05070+ | | | | | |
| Name Leif ANDERSSON Telephone 446120/3464 | | | | | | | |
| Title and Company | | | | | | | |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*. | | | | | | | |
| ✓ *Total of 2 | forms are submitted. | | | | | | |

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents. P.O. Box 1450, Alexandria, VA 22313-1450. FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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10/535/37 Rec'd PCT/PTO 25 JAN 2006

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| I her | reby appoint: | | | | | | | | |
| \checkmark | Practitioners associated with the Customer Number: | | | | 000293 | | | | |
| | OR | | | | | | | | |
| \mathbf{V} | ✓ Practitioner(s) named below: | | | | | | | | |
| | | | Name | | | Registrat | ion Numbe | er | |
| | Ralph A. Dowe | II | | | 26868 | | | | |
| | Wendy M. Slad | le | | | · | 50 | 3604 | | |
| | | | | | | | | | |
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| | y/our attorney(s) o | | (s) to prosecute the application erewith. | n identified above | , and to | transact all busin | ess in the l | United States Patent and | |
| | | | | - the above identi | fied appl | ication to: | | | |
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| | The address associated with Customer Number: | | | | | | | | |
| | Firm or Individual Name Ralph A. Dowell of DOWELL & DOWELL, P.C. | | | | | | | | |
| | Address Suite 406, 2111 Eisenhower Avenue | | | | | | | | |
| | | | | | | | ——т | - 1 - - - - - - - - - - | |
| | City | | Alexandria | | State | VA | | Zip 22314 | |
| | Country | | US | | Email | dowell@dowellp | no com | | |
| I am | Telephone | | 703 415 2555 | | Lillaii | dowell@dowell | | | |
| V | Applicant/Inv | entor. | | | | | | | |
| | | | the entire interest. See 37 CF | | | | | | |
| | Statement un | der 37 C | CFR 3.73(b) is enclosed. (Form | | - | · · · · · · · · · · · · · · · · · · · | | | |
| SIGNATURE of Applicant or Assignee of Record | | | | | | | | | |
| Signa | ature | V/X | In Maly | 1)~~~ | | | Date | 1050707 | |
| Name | 9 | Mats M | ALMQVIST # | | | | Telephone | V44618255355 | |
| Title a | Title and Company | | | | | | | | |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*. | | | | | | | | | |
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